DOCUMENT RESUME

ED 297 529 EC 210 380

AUTHOR Moore, Susan
TITLE Multidisciplinary Team Staffing Practicum.
INSTITUTION Denver Univ., CO. Dept. of Speech Pathology and Audiology.
SPONS AGENCY Department of Education, Washington, DC.
PUB DATE Nov 87
NOTE 20p.; In: Special Project for the Preparation of Speech Pathologists and Audiologists to Provide Competent Services to Handicapped Children, Birth to Age 5. Project Summary Report, 8/20/84 to 8/19/87. Final Report; see EC 210 376.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Audiology; *Communication Disorders; Delivery Systems; Higher Education; *Parent Education; *Parent School Relationship; *Parent Teacher Conferences; Preschool Education; *Professional Education; Speech Pathology; Therapists

ABSTRACT

One component of the final report of a 3-year project to train speech language pathologists and audiologists to deliver services to young children (birth to age 5) with communication disorders, the paper describes the project's model of multidisciplinary team interaction involving parents as integral to team function. The program stresses the developmental interaction approach to orienting trainees to their role as facilitator in developing parental advocacy. The professional's role is seen to be one of educator, advisor, support system, and in some cases coordinator in facilitating parents to be active participants in their role as the child's advocate. This was accomplished through two preparatory conferences prior to the interdisciplinary parent conference/staffing meeting as well as a post staffing conference meeting and follow-up. Outlined are the roles of the parent advocate and the coordinator at multidisciplinary staffings with associated evaluation forms. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED297529

Multidisciplinary Team Staffing Practicum

Susan Moore, M.A., CCC-SP
Coordinator of Speech-Language Services
The Children's Hospital
Denver, Colorado

Final Report for the United States Department of Education: Special Project for the Preparation of Speech Pathologists and Audiologists to Provide Competent Services to Handicapped Children, Birth to Age 5.
Competition: 84-029K Special Projects

EC 210380

Multidisciplinary Team Staffing Practicum Model

A key component to training competent speech-language pathologists and audiologists for delivery of service to young children (birth - 5) involves communication with parents regarding their child's assessment results and program planning. It has been clinically observed that parents are often confused and/or angry during and following the evaluation of their child. This is often attributed to their incomplete understanding of basic issues and ramifications associated with having a child with special needs. They often report feeling overwhelmed when their child is identified as having a developmental problem. Parents' reactions may be exacerbated by utilization of a communication model that does not recognize their need or allow them the time to assimilate and integrate the information provided by professionals. The model traditionally used to convey information to parents it he medical model. This typically is followed when the professional imparts their knowledge of the child following an in-depth assessment of the child's problems and typically the parent assumes a passive role. This model obviously derives from the "doctor" diagnosing a "disease" or problem. Changes in the format for communication with parent have been implemented in education with the advent of the Education of the Handicapped Act PL94-142. Attempts have been made to draw the parent into an interactive process wherein the parent becomes an active participant in developing the child's educational or treatment plan (IEP). However, parents continue to report deficiencies

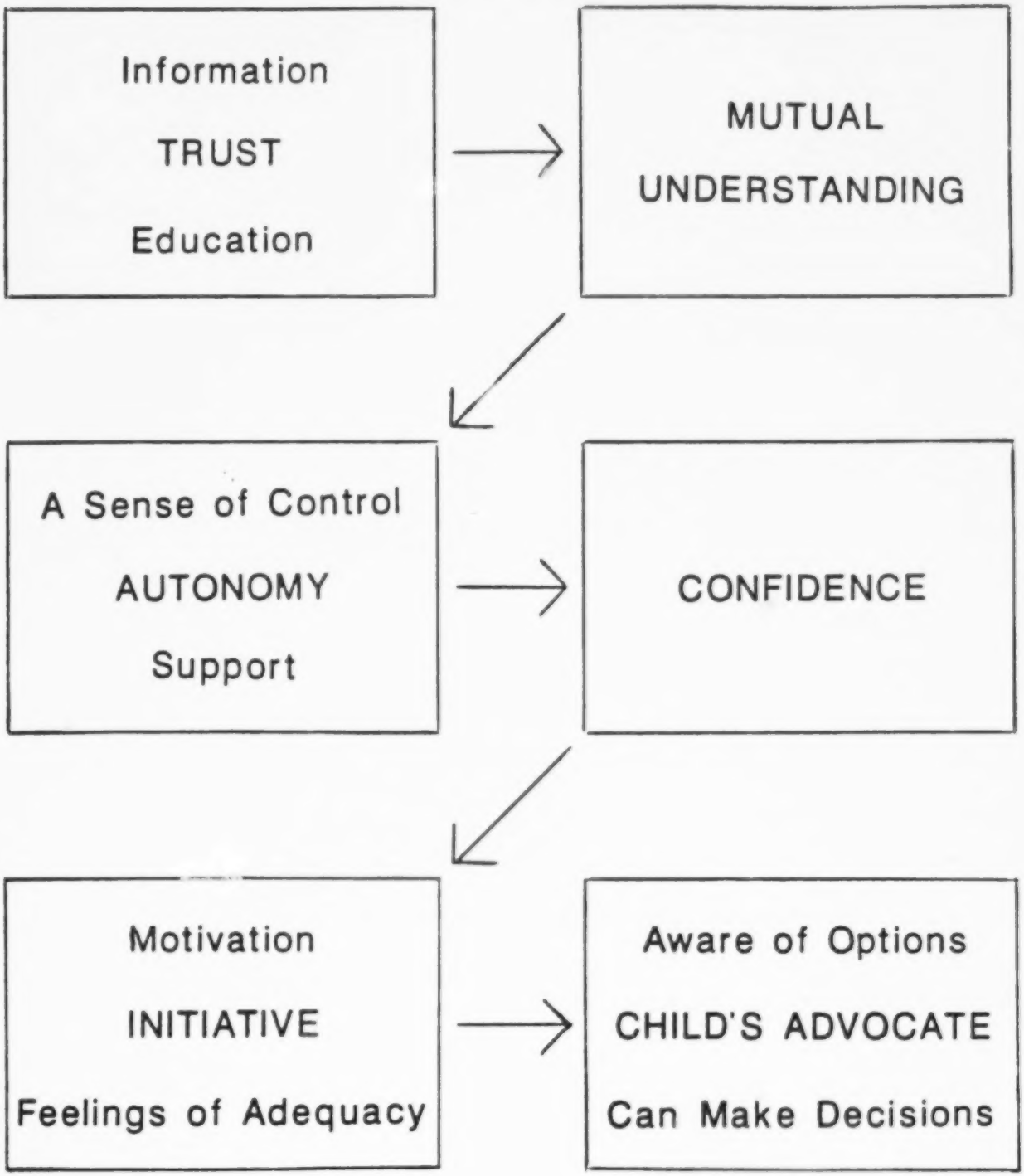
with the implementation of the educational model. Because of time limitations and lack of information they feel forced to remain passive recipients of the results and recommendations from professionals or become adversarial and resort to litigation to problem solve their concerns. This often contributes to parents' denial and anger regarding their child's situation.

In recognition of this pattern, a model of multidisciplinary team interaction involving parents as integral to team function was developed as part of this project so that students in training would become sensitized to the dilemma facing parents when their child is diagnosed as having a developmental delay. Students were made aware that "in a real sense parents of handicapped children have been given a legislative mandate to be active advocates for the effective education and treatment of their children" (Muir, et al, 1982). However, the component of facilitating advocacy has been absent from training programs preparing professionals to effectively interact with parents. Several organizations including the National Association for Retarded Citizens, Closer Look, and many recently formed parent support programs (PEAK in Colorado) recognize the need for parents to receive information and training in developing advocacy skills. The Family Intervention Project at Georgia State University has also actualized a program in which staff members are directly teaching parents, through modelling and coaching, the advocacy skills needed to successfully interact with their own project staff as well as other educational, medical and social service

agencies.

The model developed as part of the current training project is based on a developmental interaction paradigm consistent with other project components. (Refer to diagram section VI, p. 2.) This involves first the recognition that parents are very much involved in the developmental process of grieving (Solnit, Stark, 1961). Dr. Ken Moses (1984) also describes the grieving process as derived from the work of Kubler-Ross. Parents experience loss when they lose their "dream" of the "perfect child." He notes that <u>how</u> diagnostic information is shared is important in facilitating parents through the initial stages of grief. This enables them to reach a coping level. "Legitimizing their feelings frees parents to find answers and allows them to reattach and move forward." (Moses, 1984) Principles from the work of Erik Erikson were also central to the rationale developed in this model. The concepts of a growth toward independence and consequent awareness of options and an ability to make decisions enables parents to become effective advocates for their child. This process is described in attached diagram. The analogy to the development of a child's growth towards independence is obvious. Its basis is in the development of trust and when applied to this model stems from information and education leading to understanding and autonomy which supports a growth in confidence and motivation in decision making. The consequent feelings of adequacy empowers parents to reach the end objective of effective advocacy.

CRITICAL ASPECTS OF ADVOCACY



© Atchison, McCord, Moore

Inherent in the developmental interaction approach to orienting trainees to their role as facilitator in developing parental advocacy is the active participation of parents in every part of the process. The development of respect and sensitivity towards parents by trainees involved in this project was basic to building the necessary trust between "professionals" and parents. This enabled parents to take an increasingly interactive role in their child's staffing as well as other components of the project services offered (parent training program, parent education components, parent support groups, etc.). It also enabled trainees to experience first hand an effective approach to facilitating parent interaction.

The critical component in this multidisciplinary staffing training model is the expanded role of the "professional"/trainee acting as parent advocate. The model maintains that the professional concerned with advocacy acts as educator, advisor, support system and in some cases coordinator in facilitating parents to be active participants in their role as their child's advocate. Objectives of the model as implemented were:

to foster independent parental decision-making based on accurate information regarding their child
to educate parents about their role, their children's rights, applicable procedures, and resources
to guide parents through an educational placement procedure
to facilitate transitions to new educational placements when appropriate

Each trainee involved in this project was assigned the role of parent advocate at least once when involved in the

multidisciplinary staffing process. The specific objectives, requirements and evaluation criteria are at the end of this report. Actual implementation of this sequence with parents was as follows:

First Preparatory conference
provide and establish a supportive atmosphere so that parental concerns and questions can be formulated
educate parents regarding applicable procedure, terminology, resources, and discuss their role as their child's advocate

Second Preparatory conference
delineate questions and concerns in written form
review procedures in relationship to parental expectations

Parent Conference/Staffing
focus on whether parent's questions and concerns are being addressed through conference procedures
facilitate communicative interaction by modeling questions, requesting clarification and expanding on issues as appropriate

Post Staffing/Conference Meeting
review outcomes and information from staffing
clarify informations and/or continuing concerns of parents
provide information regarding specific community support systems, resources or referrals as necessary
facilitate parent's delineations of action plan based on their child's needs

Follow-up
assist in search for appropriate agency/schools
facilitate direct observation, if appropriate
assist in preparing child for transfer, as necessary

Trainees were also actively involved in multidisciplinary staffings through direct observation and assumption of the coordinator role as outlined at the end of this report. Through actualization of this model trainees were afforded the opportunity to interact with the consistent team of professional consultants involved in each child's assessment and staffing. Direct contact with these professionals represent-

ing a variety of disciplines as well as with the parents of each child enabled students to experience the conflicts that often arise between professionals and parents. More important was the focus on an effective approach to conflict resolution based on the needs of the child with the obvious direct benefits to both child and parent. Parents repeatedly reported comfort as well as satisfaction with the process. (See letter at the end of this report.) Variations occurred in staffing procedures or format consistent with parental input reagrding their expectations or what would be of most benefit to them. For example, one set of parents chose to take a very active role in the staffing procedures by introducing their child with baby pictures, a review of her case history, and their personal account of her abilities and needs. Other parents, through preparatory conferences, delineated how they would be most comfortable having their child tested (arena evaluation with videotape) and delineated other professionals they would like present at the staffing. All parents were given access to each videotaped evaluation session with their child if they could not directly observe or participate in the assessment process. All parents chose to have all consultant team members present during the staffing. Their questions in any one area could be addressed by the consultant reporting in that crea.

Critical factors of professional time involved in implementation of this model and associated cost were not inhibiting to its being utilized in a training program. They would need to be addressed if generalization of the model occurred

in other settings. However, the component of preparatory conferences with the specific objective set of facilitating parent advocacy through education with time allotted to delineate questions, concerns and expectations is considered critical to parental satisfaction with staffing procedures. This component could easily be incorporated into procedures in educational and agency settings. Similar programs with specific objectives designed to enhance parents' active participation in the educational planning process are beginning to be implemented by volunteer parent advocates associated with the PEAK program in Colorado and PEP program in metro-Denver. This demonstrates that components of the program can be effectively transferred so that many parents can benefit from the process.

In conclusion, evaluation results as well as feedback from consultants, other professionals, parents and trainees involved in this project indicate this model has been an effective tool in accomplishing its primary objectives. Students in training were provided with actual experience in team consulting and an effective approach to facilitating advocacy skills with parents.

MULTIDISCIPLINARY STAFFINGS

Parent Advocate Role:

I. Objectives include:

A. Development of awareness and sensitivity to parental needs and concerns when preparing for participation in staffing procedures.

B. Development of facilitation techniques to help parents get their needs met and concerns addressed during the actual staffing.

C. Development of a heightened awareness of and information regarding parent and child rights and alternative procedures or options consistent with legal implications of HB-94-142.

II. Requirements include:

A. Observation of all evaluations recommended (speech/language, developmental physical, physical therapist/occupational therapist, psychologist).

B. Complete familiarization with issues surrounding school placement and other concerns consistent with appropriate federal and state legislation and applicable school district procedures.

C. Scheduling and coordination of two meetings with parents and appropriate EC specialist prior to staffing to discuss specific staffing procedures and to delineate specific questions and concerns (to be formalized in written form in second meeting).

D. Participation in staffing assuming the role of facilitator to insure parents' specific questions and concerns are addressed.

E. Formulation of follow-up letter to summarize results of staffing, addressing answers to specific questions and recommendations discussed.

F. Scheduling of third meeting with parents to discuss recommendations and any remaining concerns regarding course of action.

III. Evaluation:

Evaluation will be based on assessment of the students on a 5-point scale. Areas of assessment include:

A. Competency in scheduling appropriate meetings.

B. Competency in explaining procedures, alternatives, and facilitating discussion concerning questions and concerns that demonstrate awareness of and sensitivity to parental concerns.

C. Competency in facilitating discussion during actual staffing to ensure parents needs and questions are addressed at that time.

D. Competence in summarizing staffing in written form including in clear concise language utilizing appropriate professional style.

MULTIDISCIPLINARY STAFFINGS

Coordinator Role:

I. Objectives include:

A. Development of insight into the dynamics of a multidisciplinary child development team.

B. Development of insight into the individual roles supporting discipline's play in the evaluation of a young child.

C. Development of experience as a speech/language pathologist who is a member of a multidisciplinary team.

II. Requirements include:

A. Scheduling and observing all evaluations recommended (speech/language, developmental physical, occupational and/or physical therapy evals, psychological eval) and coordinating these evals with the professionals involved as well as the child's parents.

B. Notifying all preschool personnel of the schedule of those evals (Sue M., Sue M., Bruce A., Marillyn A., Jeanne S.) and arranging for videotaping of those evals if that is requested.

C. Coordinating the actual staffing and scheduling a time which is acceptable for all professionals involved as well as the child's family.

D. Acting as the speech/language pathologists consultant for the staffing and reporting on the child's current status and recommendations with regard to speech/language development.

E. Acting as moderator of the staffing guiding the group through the individual reports to summarize and make recommendations.

F. Turning in a written summary of the staffing including brief summaries of the results of individual evaluations as well as a summary and list of recommendations which were made by the group.

III. Evaluation:

Evaluation will be based on assessment of the student on a 5-point scale. Areas of assessment include:

A. Competency in scheduling evaluations and staffing with the professionals and parents involved.

B. Competency in reporting speech/language evaluation results and recommendations to the staffing group.

C. Competency as moderator of the staffing including ability to manage time effectively during the meeting, to conduct the meeting smoothly, and to demonstrate consideration for all individuals involved in the staffing.

D. Competency in reporting staffing results in written form. Assessment of ability to report results in a concise manner, utilizing acceptable professional writing style and organization.

The student will also receive written feedback on her performance from at least two preschool professionals involved in the staffing.

EVALUATION OF PARENT ADVOCATE ROLE IN
MULTIDISCIPLINARY STAFFING

Student's Name:_____

Rating Code
U = 1
S- = 2
S = 3
S+ = 4
O = 5

_____1. Professional Qualities

_____2. Interpersonal Skills

_____3. Competency in exploring procedures and alternatives to parents of child involved in staffing.

_____4. Competency in facilitating the discussion of questions and concerns of the parents while demonstrating a sensitivity to and awareness of their concerns during the 2 scheduled pre-staffing meetings with parents.

_____5. Competency in facilitating discussion during the staffing to assure parents' needs are met and questions are answered.

_____6. Competence in summarizing staffing in written form.

_____7. Competence in summarizing staffing results for the parents in the post-staffing meeting.

EVALUATION OF COORDINATOR'S ROLE IN
MULTIDISCIPLINARY STAFFING

Student's Name:_____

Rating Code
U = 1
S- = 2
S = 3
S+ = 4
O = 5

_____1. Professional Qualities

_____2. Interpersonal Skills

_____3. Scheduling of evaluation and staffing with professionals and parents involved

_____4. Competency as motivator of the staffing

_____5. Competency in reporting staffing results in written form

Parent Rating of Multidisciplinary Staffing

In order to improve the quality of services delivered by the preschool, in particular our handling of a multidisciplinary staffing, we are requesting feedback from you regarding the staffing conducted concerning your child. Your cooperation is greatly appreciated.

Please answer the questions below the number for the appropriate rating.

NA	Not applicable	3.	Satisfactory
5.	Outstanding	2.	Below average
4.	Above average	1.	Unsatisfactory

_____1. How would you rate the pre-staffing meeting in terms of its effectiveness in explaining the purpose for the staffing to you and preparing you for the staffing?
COMMENTS:

_____2. How satisfactorily were your questions and concerns answered during the staffing?
COMMENTS:

_____3. How effectively was communication concerning appointments for testing, conferences and the staffing itself handled with you?
COMMENTS:

_____4. How would you rate the post staffing meeting with terms of its effectiveness in summarizing results and providing direction for you in meeting your child's future needs?
COMMENTS:

5. In what ways do you feel the staffing could have been handled in order to better meet your needs?

CONSULTANT'S EVALUATION OF
PRESCHOOL MULTIDISCIPLINARY STAFFING

Please rate the following questions on a 1-5 scale, utilizing the following guidelines:

1 Unsatisfactory
2 S-
3 Satisfactory
4 S+
5 Outstanding

_____1. What was your opinion of the format used for this particular staffing?
COMMENTS:

_____2. Do you have a preference for a particular type of staffing format? ___yes ___no If so, what type of format do you prefer?

_____3. Were you given sufficient background information on this particular child prior to the evaluation and staffing?
COMMENTS:

_____4. How effectively did the student coordinator perform her role during the staffing?
COMMENTS:

_____5. How effectively do you feel the parents' needs were met during the staffing?
COMMENTS:

_____6. How effectively do you feel the child's needs were met through the staffing process?

_____7. What is your overall impression of this staffing process as a training tool for students?

_____8. Is this an effective process for providing service to handicapped children?

Please add any comments pertinent to staffing procedure, your role in the staffing, coordination of evaluations, etc. on the back of this form. Thank you for filling out this form.

October 22, 1987

To whom it may concern:

In the spring of 1985, my daughter, Annie (then 3 1/2 years old), underwent a multidisciplinary evaluation, which was supervised by Susan Moore at the University of Denver Speech Pathology and Audiology Department. The purpose of the evaluation was to assess the nature and extent of her developmental delays and to make recommendations for therapy, education, etc.

The evaluation took place over a 4 month period. The process included examinations by Annie by two occupational therapists, two speech pathologists, a developmental pediatrician, a physical therapist, and a social worker. These specialists were drawn from the entire Denver community. One of the team members was Annie's preschool teacher, and he conducted a series of conferences with my husband and me. During these conferences he sought to learn what our concerns for Annie were, as well as to prepare us for the staffing, at which results would be reviewed and recommendations made.

My husband and I were informed during each phase of the process, and our input was sought and given much consideration. The staffing itself was an impressive and meaningful experience for me. All evaluators were present, and each had a list of our concerns that had been prepared from the parent conference series. Each specialist presented his/her assessment, followed by a review of the team's recommendations. The atmosphere was relaxed and there was ample opportunity for interaction among team members and between team members and parents. Where there was disagreement among members as to the extent of Annie's problems, these different views were openly discussed.

As a parent who had been through an earlier medical-model staffing at another institution, I was pleased and impressed with this evaluation process in several ways. My greatest pleasure came from being treated as a team member. I was also delighted with the way team members were drawn from the entire community, rather than being limited to staff members of one institution. Above all, I was pleased that the team viewed Annie as a whole person, and that they were concerned with <u>all</u> aspects of her functioning.

Sincerely,

Marilyn Greene

Marilyn Greene

SELECTED BIBLIOGRAPHY

Buscaglia, L., The Disabled and Their Parents; A Counseling Challenge, Holt Rhinchard and Urnstin, 1983.

Elkind, David, Erik Erikson, The Eight Ages of Man, Readings in Human Development, Dushkin Publishing Group, Gilford, Conn., 1977.

Kubler-Ross, On Death and Dying, MacMillan Publishing Company, New York, 1969.

Moses, Growth Through Giving Workshop, March 1984.

Muir, Milan, Branston-McLean, Berger, "Advocacy Training for Parents of Handicapped Children: A Staff Responsibility," Young Children, January, 1982, pp. 41-46.

Solnit, A., Stack, M., "Morning and the Birth of a Defective Child," Psychoanalytic Study of the Child, 1961, pp. 523-37.

Willner, Crane, "A Parental Dilemma: The Child with a Marginal Handicap," The Journal of Contemporary Social Work, January, 1979.

Resources:

Closer Look, Box 1492, Washington, D.C. 20013

NARC, 2501 Avenue J, Arlington, TX 76011